

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

42973

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City ST. LOUIS

File No.
 Registered No. 44
 St. Ward)

2. FULL NAME

(a) Residence, No. 5800 ARSENAL St. 13 Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>EDTLIEB JAEGER</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 27 1855</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>3</u>
	DAYS <u>9</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>
	13. NAME <u>Joseph Noell</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>MRS EFFINGER 5800 ARSENAL</u>
18. BURIAL CREMATION, OR REMOVAL	DATE <u>1-4-1931</u>
19. UNDERTAKER (ADDRESS) <u>Wm. Schumacher 3213 Marquette</u>	
20. FILED <u>N-2152</u> 19 <u>Jan 4 1931</u>	Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1931, to December 31, 1931
 I last saw h.e.x. alive on December 31, 1931. Death is said to have occurred on the date stated above, at 10:50 a.m.
 The principal cause of death and related causes of importance were as follows:
acute lobar Pneumonia
108
93C
108
162
 Other contributory causes of importance:
chr. myocarditis
Senility

Date of onset
Dec. 30

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) Henry Dunt, M. D.
 (Address) 5800 Arsenal St.

